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U.S. DISTRICT JUDGE
S.D.N.Y.

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July 30, 2008

Honorable Harold Baer
United States District Judge
Southern District of New York
United States Courthouse
500 Pearl Street
New York, New York 10007

USDS SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #: _____
DATE FILED: 8/7/08

Re: United States v. Valdez-Cruqui, et al.
S1 08 cr. 442 (HB)

Dear Judge Baer:

I am counsel assigned pursuant to the Criminal Justice Act Plan to represent Diorys Acosta-Cabral, one of the defendants in the above-captioned case pending before you. I write pursuant to Section X of the CJA Plan to request permission to hire a psychologist to evaluate Ms. Acosta-Cabral. Because this letter discloses potential defense strategy, I am making this request *ex parte* as permitted by the CJA plan.

Ms. Acosta-Cabral is charged with intentionally and knowingly permitting her co-defendant, Fausto Roberto Valdez-Cruqui, to use her apartment to store and distribute cocaine. The case is scheduled for trial on September 22, 2008. After meeting with Ms. Acosta-Cabral on several occasions over the past seven months and becoming familiar with her background, I believe that she may have lacked the psychological capacity to resist Mr. Valdez-Cruqui. I need to have a psychologist determine whether I am correct in order to decide whether I can present a defense that Ms. Acosta-Cabral lacked the intent necessary to commit the crime. Additionally, should Ms. Acosta-Cabral plead guilty to the charges or be convicted at trial, I anticipate that I would submit the psychologist's report to Your Honor as bearing on the appropriate sentence.

I propose hiring Dr. Cheryl Paradis, a licensed psychologist. Dr. Paradis works at Kings County Hospital as a psychologist. She also is employed by Marymount Manhattan College, teaching psychology course to undergraduate students who are specializing in forensic psychology. She has experience in diagnosing and treating post-traumatic stress disorder. Dr. Paradis has published extensively, and she has been retained as an expert by the government in this district. Finally, I retained Dr. Paradis in another case and found her work to be excellent. I have enclosed a copy of her curriculum vitae for your review.

Dr. Paradis charges an hourly rate of \$250, and she anticipates that the evaluation would cost \$2,250, earned as follows: .5 hours to review records, 3 hours to meet with the client and administer any necessary tests, 1 hour to score the tests, .5 hours to confer with me and 4 hours to prepare a report. Ms. Acosta-Cabral is financially unable to pay for these services herself. I am enclosing a CJA form 21 (Authorization and Voucher for Expert and Other Services) for your signature should you grant this application.

I affirm under the penalty of perjury, as required by Section X of the CJA Act, that the foregoing statements are true to the best of my knowledge.

Respectfully submitted,

*I leave undisturbed
that while I agree with this
examination - it is the report
must be available to the client &
unless otherwise ordered to the AUSA
at least a week in advance of trial*

SO ORDERED

Harold Baer, Jr.
Harold Baer, Jr., U.S.D.J.
8/5/08

Endorsement:

Please understand that while I approve this examination it and the report must be available to the Court and unless otherwise ordered to the AUSA at least a week in advance of trial.

1. CIR./DIST./DIV. CASE NO. 2d SDNY		4. DIST. DKT./DEF. NUMBER 08 cr. 442 (HB)		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) US v. Valdez-Cruqui		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense							

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses \$ 2,250.00 OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses)	
Signature of Attorney _____ Date 7/30/2008	
<input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Stephanie M. Carvin, 111 Broadway, Suite 701 New York, NY 10096 Telephone Number (212) 748-1636	

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Psychological evaluation of client for possible defense at trial and for sentencing to address 3553(a) factors. <i>Michael Horowitz Esq. \$2,250.00</i>		14. TYPE OF SERVICE PROVIDER	
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in item 12 is hereby granted. Signature of Presiding Judge or Clerk of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization <input type="checkbox"/> YES <input type="checkbox"/> NO		01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input checked="" type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (See Instructions) 24 <input type="checkbox"/> Other (Specify)	

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):	\$0.00	\$0.00	

17. PAYEE'S NAME AND MAILING ADDRESS Dr. Cheryl Paradis P.O. Box 050-145, Pratt Station, Brooklyn, NY 11205 TIN _____ Telephone Number (718) 624-4281 CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____	
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18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case Signature of Attorney _____ Date _____	
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APPROVED FOR PAYMENT — COURT USE ONLY			
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500			
Signature of Presiding Judge _____		Date _____ Judge Code _____	
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED \$0.00
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(c)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____			